



# HEALTH QUARTERLY STATEMENT

As of March 31, 2001  
of the Condition and Affairs of the

## Anthem Health Plans of Maine, Inc.

NAIC Group Code..... 0671, 0671 (Current Period) (Prior Period)	NAIC Company Code..... 52618	Employer's ID Number..... 31-1705652
Organized under the Laws of Maine	State of Domicile or Port of Entry Maine	
Country of Domicile United States of America		
Licensed as business type: Health		
Is HMO federally qualified? No		
Date Incorporated or Organized..... March 10, 2000	Date Commenced Business..... June 5, 2000	
Statutory Home Office	2 Gannett Drive..... South Portland ..... ME ..... 04106-6911 (Street and Number) (City or Town, State and Zip Code)	
Address of Main Administrative Office	2 Gannett Drive..... South Portland ..... ME ..... 04106-6911 (Street and Number) (City or Town, State and Zip Code)	207-822-7000 (Area Code) (Telephone Number)
Mail Address	2 Gannett Drive..... South Portland ..... ME ..... 04106-6911 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	2 Gannett Drive..... South Portland ..... ME ..... 04106-6911 (Street and Number) (City or Town, State and Zip Code)	207-822-7000 (Area Code) (Telephone Number)
Internet Website Address	www.anthem.com	
Statement Contact	Shawn Kevin Staples (Name)	207-822-7942 (Area Code) (Telephone Number) (Extension)
shawn.staples@anthem.com 207-822-8999 (E-Mail Address) (Fax Number)		

### OFFICERS

President ..... Marjorie Warner Dorr #  
Treasurer ..... George Dominic Martin  
Secretary ..... Nancy Louise Purcell  
Assistant Secretary ..... Martin Jack Robles, Esq.

### VICE PRESIDENTS

David Rhoads Frick

### BOARD OF DIRECTORS

Larry Clayborn Glasscock	Douglas Richard Fauth
David Rhoads Frick	George Dominic Martin
Michael Lynn Smith	Robert Samuel Schneider
Nancy Louise Purcell	

State of..... Maine  
County of..... Cumberland

The officers of this reporting entity, being duly sworn, each depose and say that they are the above described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

\_\_\_\_\_  
(Signature)  
Marjorie Warner Dorr  
\_\_\_\_\_  
(Printed Name)  
President

\_\_\_\_\_  
(Signature)  
Nancy Louise Purcell  
\_\_\_\_\_  
(Printed Name)  
Secretary

\_\_\_\_\_  
(Signature)  
George Dominic Martin  
\_\_\_\_\_  
(Printed Name)  
Treasurer

Subscribed and sworn to before me this  
.....day of ....., 2001  
.....  
NOTARY PUBLIC (Seal)